

**ACUPUNCTURE BOARD**

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CONTINUING EDUCATION PROVIDER APPLICATION

Provider ID No. CEP _____

_____ New _____ Renewal _____ Change of Address _____ Provider Name Change

_____ Seminar Coordinator Name Change _____ Other (indicate change) _____

[Please send this form along with \$150 to the Acupuncture Board. The following must be typewritten or legibly handwritten and in English (C.C.R., Title 16, Division 13.7, Section 1399.481 (a))]

PROVIDER	Name of Individual or Organization				Web Address	
ADDRESS	Street Address	Suite/Room Number	City	State	Zip Code	
CONTACT	Name of Owner or President		Telephone Number	Fax Number	E-mail	
	Course or Seminar Coordinator		Telephone Number	Fax Number	E-mail	
	Person Authorized to Sign/Verify		Telephone Number	Fax Number	E-mail	

By signing below, I affirm, under penalty of perjury under the laws of the State of California, that I have read and will comply with the continuing education regulations, and that all statements contained in this application are true and correct.

 Signature

 Date

 Printed Name

 Title

For Acupuncture Board Use Only

_____ Approved _____ Denied _____ Authorize _____ Signature _____

 Date

Next Renewal Date _____

(g:acupun/educatio/ce provider app)

Cashier Receipt # _____

Amount Received \$ _____

Check # _____ **Date** _____